

DIVISION OF CHILD CARE AND EARLY LEARNING  
**LICENSING WAIVER REQUEST**  
(Additional pages may be attached as needed)

☐ Northwest Region  
☐ Southwest Region  
☐ Eastern Region

**THE INFORMATION BELOW TO BE COMPLETED BY LICENSEE.**

Facility/Provider Name:

Provider Address: City State Zip Code

Provider Type:

☐ Family Home Child Care ☐ Child Care Center ☐ School-Age Center

Licensors:

CAMIS ID Number:

Waiver requested to WAC 388-\_\_\_\_\_-\_\_\_\_\_

1. Why are you requesting this waiver (be specific with details)?

2. What alternatives did you explore before requesting this waiver?

**THE INFORMATION BELOW TO BE COMPLETED BY LICENSEE (CONTINUED).**

3. If this waiver request is approved, how will you meet the health, safety, and early learning needs of the children in your care during the waiver period? (e.g. *increase staffing*)

4. What changes will you make in your business that will remove the need for a waiver in the future? If this is not applicable, please write N/A.

5. What is the time period for which you are requesting this waiver? Time limit cannot go beyond your license expiration date.

From: \_\_\_\_\_ To: \_\_\_\_\_

6. Have you requested previous waivers for this WAC?..... ☐ Yes ☐ No If yes, when: \_\_\_\_\_

7. Is this a request for a waiver because of a finding of child abuse or neglect? ... ☐ Yes ☐ No

8. Is this a waiver for a dual license? ..... ☐ Yes ☐ No

Provider Signature:

Telephone Number:

Date:

**THE INFORMATION BELOW TO BE COMPLETED BY DCCEL STAFF.****Licensors Comments and Signature**

Has the provider consistently met child care licensing WAC requirements? ☐ Yes ☐ No

Complaint History

Is there a history of valid complaints? ☐ Yes ☐ No      If yes, explain:

Safety Assessment

Based on the response to the questions answered above, if this waiver request is approved, do you believe it would jeopardize the safety or welfare of the child or children in care or detract from the quality of services the licensee delivers?

☐ Yes ☐ No

Explain why or why not. Base your documentation and determination on objective evidence and apply your professional expertise to the question. If the answer is yes, the waiver must be denied on that basis.

☐ Recommend approval for the period of

\_\_\_\_\_ through \_\_\_\_\_

\_\_\_\_\_  
Licensors Signature

\_\_\_\_\_  
Date

☐ Denied

\_\_\_\_\_  
Health Specialist's Signature (if appropriate)

\_\_\_\_\_  
Date

***All waiver approvals must be documented in CAMIS.***

**Supervisors/Field Manager Comments:**

☐ Approved ☐ Denied

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

☐ Approved ☐ Denied

\_\_\_\_\_  
Field Manager's Signature  
(if related to criminal history waivers)

\_\_\_\_\_  
Date